

SOLICITATION AMENDMENT

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. JEFFERSON, MAIL CODE 55302
PROCUREMENT SERVICES
PHOENIX, ARIZONA 85007

SOLICITATION NO. 100017DC

AMENDMENT NO. 6

CONTACT: Bernadette Hill

SOLICITATION DUE DATE: May 14, 2010

SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR RFP SOLICITATION.

THIS SOLICITATION IS AMENDED AS FOLLOWS:

RFP NO. 100017DC – Privatization of All Correctional Health Services

The Due Date is hereby extended to May 24, 2010, 3:00 P.M. M.S.T.

This Solicitation is hereby amended as follows.

CHANGES IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

AMEND TO CHANGE

SPECIAL TERMS AND CONDITIONS, PREVIOUSLY ADDED IN SOLICITATION AMENDMENT NO. 2

FROM:

Price Adjustment (12 Months)

The Department may review a fully documented request for a price adjustment only after the Contract has been in effect for twelve (12) months. Adjustments shall be subject to availability of monies appropriated.

If an approved adjustment results in an increase in cost to be paid by the Department of Corrections, said increase shall not exceed the percent of change in the average Consumer Price Index (CPI) established for the most recent calendar year, as published by the United States Department of Labor, Bureau of Labor Statistics.

Annual requests for cost adjustments shall be submitted to the Department of Corrections at least 120 days prior to the end of the twelve (12) month contract period and identify the increase/ decrease in the contract pricing. Requests shall include documentation in the form of a revised Fee Schedule and supporting Budget Narrative forms.

The Fee Schedule and Budget Narrative shall address only those areas of cost impacted by the facility operator's request for adjustment so the Department of Corrections may see the categories of cost affected and read the justification contained in the Budget Narrative, which shall also include calculations comparing previous expenses with current expenses.

Annual cost adjustments which include consideration for salary increases shall include a comparative analysis, by job classification, of wages within the geographic region to include Department of Corrections wages and competitive Contract Facility corporations.

Annual cost adjustments based on professional services shall include documentation of effort to acquire alternative delivery entities and the associated costs.

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Annual cost adjustments based on adjustments associated with utility services shall include documentation of efforts to seek alternative services and/or modification to existing services.

The Department of Corrections shall have the right to request and receive additional information, statistics, etc., and to direct the content, form and format of presentation as it deems necessary to validate the facility operator's request for an annual cost adjustment.

Request for further clarification of annual cost adjustments, pursuant to or in connection with this Contract, unless otherwise noted, shall be delivered in person or sent by United States mail, postage prepaid, return receipt requested to Procurement Services. Failure to respond to the Department of Corrections request within the time frames specified shall nullify the Contractor's request.

The price increase adjustment, if approved, will be effective upon the start of the next twelve month period contingent upon meeting these requirements herein.

The Department shall determine whether the requested price increase or an alternate option is in the best interest of the State.

Price reductions may be submitted to the Department for consideration at any time during the Contract period. The Department at its own discretion may accept a price reduction. Price reductions will become effective upon acceptance by the Department.

TO:

Price Adjustment (12 Months)

The Department may review a fully documented request for a price adjustment only after the Contract has been in effect for twelve (12) months. Adjustments shall be subject to availability of monies appropriated.

If an approved adjustment results in an increase in cost to be paid by the Department of Corrections, said increase shall not exceed the percent of change in the average Consumer Price Index (CPI) established for the most recent calendar year, as published by the United States Department of Labor, Bureau of Labor Statistics.

Annual requests for cost adjustments shall be submitted to the Department of Corrections at least 120 days prior to the end of the twelve (12) month contract period and identify the increase/ decrease in the contract pricing. Requests shall include documentation in the form of a revised Fee Schedule and supporting Budget Narrative forms.

The Fee Schedule and Budget Narrative shall address only those areas of cost impacted by the Contractor's request for adjustment so the Department of Corrections may see the categories of cost affected and read the justification contained in the Budget Narrative, which shall also include calculations comparing previous expenses with current expenses.

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The Department of Corrections shall have the right to request and receive additional information, statistics, etc., and to direct the content, form and format of presentation as it deems necessary to validate the Contractor's request for an annual cost adjustment.

Request for further clarification of annual cost adjustments, pursuant to or in connection with this Contract, unless otherwise noted, shall be delivered in person or sent by United States mail, postage prepaid, return receipt requested to Procurement Services. Failure to respond to the Department of Corrections request within the time frames specified shall nullify the Contractor's request.

The price increase adjustment, if approved, will be effective upon the start of the next twelve month period contingent upon meeting these requirements herein.

The Department shall determine whether the requested price increase or an alternate option is in the best interest of the State.

Price reductions may be submitted to the Department for consideration at any time during the Contract period. The Department at its own discretion may accept a price reduction. Price reductions will become effective upon acceptance by the Department.

AMEND TO CHANGE

SECTION 2.18.2.8, PREVIOUSLY AMENDED IN SOLICITATION AMENDMENT NO. 2

Section 2.18.2.8, Page 77, Scope of Work has been changed as follows:

From: Performance Outcome 2: Upheld grievance appeals shall not exceed (1.0) of grievances filed during month.

To: Performance Outcome 2: Upheld grievance appeals shall not exceed 1.0% of grievances filed during month.

AMEND TO CHANGE

Section 1.25.6.3, Professional Liability, Page 26, Special Terms and Conditions

From: In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.

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THIS SOLICITATION IS AMENDED AS FOLLOWS:

To: In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive **coverage date shall be no later than the effective date of this contract**; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed. Contractor shall maintain an extended reporting period for not less than two (2) years after termination of this contract.

AMEND TO CHANGE

Section 2.12.6.4, Page 65, Scope of Work has been changed as follows:

From: Residential behavioral health programming for offenders whose enduring personality and behavior problems result in continuous conflict with authority and ability to adjust to the correctional setting. Cognitive-behavioral therapy may be utilized as well as behavior modification (with a reward system) as the principal treatment strategy.

From: Residential behavioral health programming for **male** offenders whose enduring personality and behavior problems result in continuous conflict with authority and ability to adjust to the correctional setting. Cognitive-behavioral therapy may be utilized as well as behavior modification (with a reward system) as the principal treatment strategy.

AMEND TO ADD:

Attachment 4 – Pre-Proposal Attendance Report (10 pages)

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Questions received from Vendor on April 19, 2010

1. **Question:** Page 68, 2.15.2.1 Department employees. Please provide the number of existing health services employees by the following:

a) Less than 3 years services

Answer: 158 employees

b) 3-5 years service

Answer: 204 employees

c) Greater than 5 years service

Answer: 238 employees

Questions received from Vendor on April 19, 2010

1. **Question:** Data and Reports, FY2008 and FY2009 TPA Claims by Diagnosis Reports. Do these reports include all costs associated with any health services provided off-site/outside the prisons?

Answer: No. Please also refer to *FY 2008 Healthcare Services By Providers Paid through ADC* and *FY 2009 Healthcare Services By Providers Paid through ADC* reports posted under Data and Reports at http://www.azcorrections.gov/adc/divisions/adminservices/Request_for_Proposal.aspx.

2. **Question:** Data and Reports, FY2008 and FY2009 Health Services by Providers Paid Through ADC. It appears that these reports include On-site services such as lab, x-ray, temporary labor, etc. Noting that there are some hospitals listed, does it also include services provided outside the prisons? If no, please explain.

Answer: Both the *FY2008 and FY2009 TPA Claims by Diagnosis* reports and the *FY2008 and FY 2009 Healthcare Services By Providers Paid through ADC* reports contain costs associated with vendor services provided on-site at the Arizona State Prison Complexes and vendor services provided off-site, outside of the Arizona State Prison Complexes. ADC can not separate the costs by on-site and off-site in these reports.

3. **Question:** Data and Reports, FY 2009 TPA Claims by Diagnosis Report-Please confirm that all services rendered in 2009 are reflected as billed or paid within this report. Please confirm that there are no outstanding payments yet to be made for services rendered in 2009 or if so can we get an accounting of these outstanding claims/payment. If a backlog does exist, can you provide that data?

Answer: The *FY 2009 TPA Claims by Diagnosis Codes* report includes all incurred and billed service

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costs for the period July 1, 2008 through June 30, 2009 as of the March 9, 2010 report generation date. Costs are not complete until the 1-Year Administrative Adjustment period is complete, which for FY 2009 occurs June 30, 2010.

4. **Question:** Data and Reports, FY2009 Health Services by Provider Paid Through ADC. Please describe the specific services associate with the following provider payments;

a. CCA Diamondback Correctional Facility \$1,278,646

Answer: Health care costs of ADC inmates housed in private prisons, including medical costs that surpass a contractual medical cost threshold. A Contractor is not responsible for these costs. Please see Amendment No. 5, page 5, answer to question 5.a from questions received from Vendor on April 14, 2010.

b. Promise Hospital Phoenix Inc. \$2,353,333

Answer: Long-term care for inmates in Arizona State Prison Complexes

c. Rocky Mountain Holdings \$1,001,473

Answer: Air Ambulance transport for inmates in Arizona State Prison Complexes

d. SW General Inc \$1,281,844

Answer: Ground Ambulance transport for inmates in Arizona State Prison Complexes

e. West Valley Hospital \$1,269,645

Answer: Hospitalization of inmates in Arizona State Prison Complexes

f. Crdential Corp \$1,925,618

Answer: Temporary healthcare staffing in Arizona State Prison Complexes

5. **Question:** Outpatient Encounter Data Reports CY2008 and CY2009. Noting the title "Outpatient", do the statistics provided only reflect those services provided outside of the prisons? If no, please explain what other services are included.

Answer: Statistics provided in the Outpatient Encounter Data Reports CY 2008 and CY 2009 are for services provided outside of the prisons only.

6. **Question:** In regards to Section 2.4.4.2, page 41, as these inmates will be released from ADC custody and PHS no longer has the responsibility to provide services, please clarify and provide the expectations of the department to provide services ex-offenders.

Answer: The requirement has been clarified. Please see change to Subsection 2.4.4.2 at the beginning of Amendment No. 2.

7. **Question:** Please provide by type a break-out of specialty visits provided via the use of telemedicine. Please confirm if these numbers are included in the data already provided.

Answer: All specialty visits via Telemedicine are included in the data already provided, including, as

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applicable, in the *FY2008 and FY2009 TPA Claims by Diagnosis, FY 2009 Healthcare Services By Providers Paid through ADC, and Outpatient Encounter Data for CY 2008 and CY 2009* posted under Data and Reports at

http://www.azcorrections.gov/adc/divisions/adminservices/Request_for_Proposal.aspx.

There were 1,545 Telemedicine consults in FY 2008, provided per specialty area as identified in the following table. This data is not currently captured by ADC, and is therefore, not available for FY 2009 or FY2010 YTD.

Specialty	Number
Allergist	1
Cardiologist	143
Dental	1
Dermatologist	35
Endocrinology	12
ENT	75
Gastroenterologist	187
General Surgery	150
GYN	1
Hand surgery	2
Hem/Onc	113
Infection Disease	2
Internal medicine	17
Neurology	36
Nero-Surgery	42
Ophthalmology	2
Oral Surgeon	38
Orthopedic	284
Plastic Surgery	7
Podiatry	1
Physical Therapy	2
Pulmonary	13
Renal	173
Rheumatology	28
Urology	175
Vascular Surgery	5
Total	1,545

You may also see Amendment No. 4, page 20, answer to question 19 from questions received from Vendor on March 30, 2010, for additional information regarding telemedicine.

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8. **Question:** Will the department provide a transcript of the pre-bid conference and list of attendees?

Answer: The Department has attached the sign in sheet (Attachment 4) of all persons and companies attending the pre-proposal conference. The Department does not have a transcript from the pre-proposal conference nor would create one since this meeting was to provide an overview of the RFP and the RFP requirements, along with discussing and answering general questions related to the contents of the RFP. Specific instructions were provided during the meeting that no verbal answers should be construed as changes to the requirements of the RFP; and that any vendor requesting a specific answer to a question raised should submit the question in writing immediately following the pre-proposal conference.

9. **Question:** Does the ADC currently utilize any of the proposed performance outcome measures in its own internal review of healthcare operations? If so, please provide copies of reports/findings for the past 2 years. If not, what are the measures of performance or auditing criteria utilized by the ADC to monitor healthcare operations and please provide copies of these findings/reports for the past 2 years.

Answer: ADC's measures of performance or auditing criteria are based on ADC Policy, Technical Manual standards for health services delivery and NCCHC standards. Copies of internal audit reports and findings will not be provided.

10. **Question:** Please provide the planned or proposed audit methodology such as random sampling, percentage based on population, or weighted average that will determine compliance for the performance based audits.

Answer: Monitoring tools and procedures will be developed once Contract(s) have been awarded and will be dependent upon the structure of the outcome.

11. **Question:** Please provide the volume of off-site visits by each specialty for each complex.

Answer: Please refer to the *Off-Site Specialty Encounter Data Fiscal Year 2009* posted under Data and Reports at

http://www.azcorrections.gov/adc/divisions/adminservices/Request_for_Proposal.aspx

12. **Question:** Please provide the number of inpatient days by specific hospital provider.

Answer: Please refer to the Hospital Admission Summary Report Fiscal Year 2007 through Fiscal Year 2009 report revised 4-26-10 posted at

<http://www.azcorrections.gov/healthservicersrfp.html>.

13. **Question:** Please provide the annual volume of medical records requests from practitioners.

Answer: In 2009, ADC had over 6,000 public Medical Records requests from government entities, jails, law firms, courts, private prisons, and third-party healthcare providers. Of the 6,000, 755 were from third-party healthcare providers.

14. **Question:** Please provide payments made to PSS which provides med supplies for AZ DOC.

Answer: Please refer to *FY 2008 Healthcare Services By Providers Paid through ADC* and *FY 2009 Healthcare Services By Providers Paid through ADC* reports posted under Data and Reports at http://www.azcorrections.gov/adc/divisions/adminservices/Request_for_Proposal.aspx.

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15. **Question:** Please confirm whether there are any costs which the contractor will be responsible for related to the archiving and/or retrieval of medical records placed in repository. If so what are the costs and the fee schedule by which these will be assessed? Will these costs relate only to medical records placed in repository beginning with the inception of the contract?

Answer: The Department's health records repository consists of records stored at the Arizona State Prison Complexes and the Arizona State Library, Archives and Public Records, State Records Management Center located at 1919 W. Jefferson, Phoenix, Arizona. The Medical Services Contractor shall be responsible for all costs related to the retrieval of these records from all repositories, but only for storage costs at the Arizona State Library, Archives and Public Records, State Records Management Center. In FY 2008, ADC spent \$74,474 to store health records at the State Records Management Center; in FY 2009, ADC spent \$82,844 to store health records at the State Records Management Center. The Medical Services Contractor will be responsible for this full cost, not just the cost of additional health records stored after Contract award.

16. **Question:** Please provide the number of current union members by each position category (e.g. RN, LPN, etc).

Answer: ADC does not maintain lists of union members.

17. **Question:** Fee Schedule, page 82-86. The required pricing forms include 5 categories of pricing by service and must total the *fixed per day inmate capitation rate* indicated on page 82. Since the RFP states that the Department may award a single contract or multiple contracts, is it your expectation that the pricing to be reflected on the Fee Schedule forms should represent both a comprehensive bid (in event all 5 service levels awarded to one vendor) as well as separate stand-alone bids for each, since the awarding of individual service contracts represents varying degrees of risk and fee structures?

Answer: The determination on what services an offeror should provide a response to is entirely up to the offeror. The fee schedule should be completed appropriately based on the offer.

Pharmacy

18. **Question:** The response provided to Question 21, page 13 of Amendment No. 4 refers vendors back to annual expenditure reports that appear to reflect the cost of medications dispensed to patients. Can the DOC provide a report of the annual payments made to the drug wholesaler, Cardinal, reflecting the cost of medications purchased for dispensing and inventorying purposes? Can the DOC provide a report of the annual payments made to the medical/surgical supplier, PSS, reflecting the cost of supplies purchased for treatment use and inventorying purposes?

Answer: The annual expenditure reports referenced in the question and identified below reflect cost of medication purchases:

Health Services Drugs & Medicine Expenditures FY2007-FY2008, Health Services Drugs & Medicine Expenditures FY2008-FY2009, Health Services Drugs & Medicine Expenditures FY2009-FY2010, Mental Health Drugs & Medicine Expenditures FY2007-FY2008, Mental Health Drugs & Medicine Expenditures FY2008-FY2009, and Mental Health Drugs & Medicine Expenditures FY2009-FY2010

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reports posted under Data and Reports at

http://www.azcorrections.gov/adcd/divisions/adminservices/Request_for_Proposal.aspx.

In addition, annual costs are as follows:

Fiscal Year	PSS	McKesson Medical	Total
2007	\$717,865	\$ 106	\$717,971
2008	\$712,379	\$ 1,511	\$713,890
2009	\$815,324	\$20,101	\$835,425

19. **Question:** You have provided the top 10 medications *dispensed* by cost –please provide the Top 10 *purchases* from your primary pharmacy wholesaler by cost for 2009?

Answer:

Medications	Cost
Emtricitabine/Tenofovir	\$721,799.38
Peginterferon Alfa 2A	947,349.72
Emtricitab/Tenofovir DF/Efavirenz	593,043.55
Albuterol Sulfate	387,317.37
Lopinavir/Ritonavir	307,340.41
Insulin Glargine	172,224.34
Ritonavir	160,926.60
Clopidogrel Bisulfate	157,771.67
Beclomethasone Dipropionate	156,809.21
Interferon Beta 1A	94,420.75

20. **Question:** Please provide a list of names of the pharmacies currently used for emergency after hours needs?

Answer:

Arizona State Prison Complex	Pharmacy used for emergency after hours needs
ASPC-Douglas	Safeway Food & Drugs 90 E. 5th St. Douglas, AZ 85607 (520)-364-7568

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Arizona State Prison Complex	Pharmacy used for emergency after hours needs
	Walmart Super Center 199 W. 5th St. Douglas, AZ 85607 (520) 364-2179
ASPC-Eyman	Walgreens Florence Blvd./Mission Parkway Casa Grande, AZ 85194
ASPC-Florence	Walgreens Florence Blvd./Mission Parkway Casa Grande, AZ 85194
ASPC-Florence/Globe	Palace Health Mart 100 N. Broad St. Globe, AZ 85501
ASPC-Lewis	Walgreens 25073 W. Southern (corner of Southern & Miller) (623)-251-1113
	Walgreens 24 Hr. Pharmacy 1451 N. Dysart (623)-925-0280
ASPC-Perryville	Walgreens – Goodyear, AZ 85338
ASPC-Phoenix	Walgreens 3605 E. Thomas Rd. Phoenix, AZ (602) 275-7507
ASPC Safford/Ft. Grant	Thrifty Food & Drugs 755 Central Ave. Safford, AZ 85546 (928) 428-1156
ASPC-Tucson	Walgreens 7111 E. Golf Links Road Tucson, AZ 85710 (520) 790-7734
	Walgreens Broadway & Camino Seco Tucson, AZ
	Walgreens 8730 E. Broadway Rd. Tucson, AZ 85711

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Arizona State Prison Complex	Pharmacy used for emergency after hours needs
	Walgreens 13542 E. Colossal Cave Rd. Vail, AZ 85641 (520) 232-2763
ASPC-Winslow	Walmart Winslow, AZ 86047
ASPC-Winslow/Apache	Western United Drug 105 W Main Springerville, AZ 85938 (928) 333-4321
ASPC-Yuma	Walgreens 2801 S. 4th Ave. Yuma, AZ 85364 (928) 344-0453

21. **Question:** Please provide the quantity of each of the following atypical antipsychotics dispensed in the 2009: Abilify, Abilify Injection, Geodon, Invega, Risperidone (generic), Risperdal Consta, Seroquel Zyprexa, and Zyprexa Injection?

Answer:

Antipsychotic	Quantity Dispensed in FY 2009
Abilify	19,457
Abilify Injection	none
Geodon	34,590
Invega	173
Risperidone	347,700
Risperdal Costa	141
Seroquel	14,222
Zyprexa	6,373
Zyprexa Injection	none

22. **Question:** Please provide details of the AZ DOC algorithms that are approved for antidepressants, mood stabilizers and antipsychotics.

Answer: Please refer to Chapter 5, Section 13.0 Antipsychotic Medications Protocol, Section 14.0 Mood Stabilizer Medication Protocol, and Section 17.0 Antidepressant Medication Protocol of the *Mental Health Services Technical Manual* which is available at

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<http://www.azcorrections.gov/healthservicesrfp.html>.

Questions received from Vendor on April 22, 2010

- Question:** Amendment 4 has restricted the role of a TPA vendor to include claims management and payment, and utilization management, but not network management. This would create a complicated system of delivery of external care, especially if not all other areas (medical, dental, pharmacy, and mental health) have successful bidders. Network management, contracting, claims payment, and utilization management require high degrees of coordination to optimize maximum operational and financial efficiency.

Are there any conditions under which ADC would reconsider this change in role for a TPA bidder? We believe significant savings for the state can be achieving a coordinated effort.

Answer: The RFP addresses the privatization of all correctional health services, with the Contractor of Medical Services responsible for providing required on-site services and arranging and paying for required services not available within the Arizona State Prison Complex. The same is true for the Contractor of Mental Health Services and the Contractor of Dental Services. ADC does not believe that this will create a complicated system of delivery of external care and will not reconsider the scope of work for the Administration of Third-Party Services.

Questions received from Vendor on April 22, 2010

- Question:** Liquidated Damages We are concerned that the 100% threshold for performance measures and liquidated damages established by the RFP will impose additional costs on vendors and unreasonably increase the overall cost of the contract to the state. Although we understand and appreciate the need for the state to monitor the contract and assess liquidated damages as appropriate, setting a threshold of 100% for all service requirements is not realistic in this or any other health system where human beings provide the services. While we have excellent systems in place to measure quality on a continuous basis, no company or individual is perfect and therefore no one will be able to meet the 100% threshold requirements all of the time. We would ask the Department of Corrections to examine the current delivery of services to determine how close the system is to meeting 100% of the RFP service requirements at this time. We also understand that the department may expect private contractors to deliver services at a level higher than that provided currently; however, we would also ask you to consider the 100% compliance threshold in light of the requirement for pricing below the department's 2007-2008 fiscal year costs. Finally, while we understand that compliance below 100% may not necessarily result in the imposition of liquidated damages, vendors will be uncertain on how to budget for something that could happen but may not.

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Most auditing agencies we are familiar with, including ACA and NCCHC, look at thresholds in the range of 90% when evaluating whether appropriate systems are in place to ensure quality care is being provided. Typically, they are evaluating if processes are in place rather than every outcome being perfect 100% of the time. In addition, most correctional health care contracts contain thresholds in the 90% range. As a result of this, we respectfully request you again reconsider the 100% threshold on the potential imposition of liquidated damages and revise the RFP threshold to a level that would not require significant additional costs be added to proposed pricing, e.g., 90%.

Answer: The Department will not lower the requirements. The Department's expectation is for a Contractor to achieve 100% of the requirements when providing Health care to inmates. Please note that failure to achieve 100% of the requirements will not automatically result in the imposition of a monetary sanction. RFP Subsection 2.17.5 is clear that all non-compliance issues other than those identified in Subsection 2.17.6 will result in the issuance of a cure notice and Subsection 2.19.6 identifies that cure notice monetary sanctions are only imposed if a Contractor does not comply with a cure notice. Per Subsection 2.17.6 and 2.19.7, non-compliance issues that may result in monetary sanctions, suspension, refusal to renew, or termination are clearly delineated. In addition, Exhibit 6 clearly identifies the monetary sanctions per non-compliance category. ADC believes this provides sufficient clarification and guidance to the Offeror.

2. **Question:** Price Adjustments The language included in RFP Amendment #2 regarding price adjustments appears to reflect price adjustments more applicable to a private prison operator as the language refers to facility operator and discusses utility costs typically not applicable to health service contractors. Given the potential volatility of costs during the first transition year of the contract, and to allow for adequate claims development, will the Department accept a two year price submission, including a per inmate per day cost for each of the first two years, before the year-over-year price adjustment methodology is applied? Would you consider revising the price adjustment language to use the medical services component of the Consumer Price Index for the West Region and an automatic price adjustment based on this industry standard inflation calculation beginning in year 3 of the contract?

Answer: Please see changes to the Price Adjustment Clause at the beginning of this amendment. The Department has revised the price adjustment clause to be applicable to health services contractors. However, the Department will not consider changing the price adjustment requirements in the RFP; they will remain as written.

3. **Question:** Are over the counter medications available in your commissaries and if so, are inmates required to purchase their OTCs from the commissary?

Answer: Over the counter medications (OTCs) are available from the commissary for inmate purchase. Except as exempted pursuant to A.R.S. § 31-201.01(I), inmates shall be required to purchase OTC's.

4. **Question:** Is there routine transportation provided within each prison complex and if so, can you please describe the nature and time of the transportation and if such transportation will be afforded to a vendor(s) awarded the health services contract(s)?

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SOLICITATION NO. 100017DC

AMENDMENT NO. 6

CONTACT: Bernadette Hill

SOLICITATION DUE DATE: May 14, 2010

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Answer: Except for ASPC-Lewis, ASPC-Perryville and ASPC-Tucson, each Arizona State Prison Complex has staff parking at each Unit. ASPC-Lewis has central parking area where staff is bussed to their units, with buses running approximately every 15/20 minutes from 4AM to 10PM. If transportation is needed between the hours of 10PM and 4AM, the Unit has a vehicle and a Correctional Sergeant typically will do the transport to staff vehicle. At ASPC-Perryville the west side Units have parking for staff; the east side Units have central parking area and then staff are bused to their Units; 2 trams run during shift change, otherwise 1 tram runs every 10/20 minutes except for the graveyard shift. During graveyard, a call is made, and transportation will be provided. ASPC-Tucson has a central parking area for all staff and they are then shuttled to their Unit 24/7. There are a number of shuttles and frequency depends on demand (i.e., more shuttles, more frequently during shift changes). This transportation will be available to Contractor employees posted at the Arizona State Prison Complexes.

5. **Question:** RFP Amendment #2 changed Section 2.18.2.8, however it appears as if the change "from" and "to in the amendment language may have been reversed? If we understand it, the corrected language should be "upheld grievance appeals shall not exceed 1.0% of grievances filed during the mount." If so, can you please clarify?

Answer: In RFP Amendment No. 2, the amendment to Section 2.18.2.8 wrongly labeled to "From" and "To". Please see change to Subsection 2.18.2.8 at the beginning of this amendment.

6. **Question:** What inmate population number will be used for evaluation purposes to determine if the proposed per inmate per day pricing results in costs below the 2007-2008 fiscal year total costs? Please outline the process/formula for then determining if the proposed per inmate per day costs results in costs below the 2007-2008 fiscal year total costs.

Answer: Based on Laws 2009, Third Special Session, Chapter 6, Section 26, ADC must award the contract based on the provision of services at a "cost below the fiscal year 2007-2008 [total] cost to the State of Arizona for the costs of such services." ADC will use the FY 2011 ADP for In-State ADC Prisons to determine if the proposed per inmate per day pricing results in costs below the 2007-2008 fiscal year total costs. Contract award shall be made to the responsible Offeror whose proposal is determined to be the most advantageous to the Department based upon the evaluation criteria in RFP Subsection 1.21.1.

7. **Question:** During the pre-proposal conference, it was stated that the \$6.3 million for indirect operating costs to be retained by the Department (RFP Section 2.1.8.1 – page 31) included the cost of insurance. Shouldn't insurance costs be included in the direct service costs associated with the contract for purposes of comparison to the State's 2007-2008 fiscal year costs as these costs will now be the responsibility of the contractor(s)? If so, can you please provide a revised indirect service cost to be retained by the Department and not included in the \$137,375,452 total costs for the 2007-2008 fiscal year?

Answer: Although ADC will be providing all correctional health services through Contract, ADC will still be responsible for risk management charges/premiums for liability claims and lawsuits, including

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those related to actions that occurred prior to Contract award, as well as for insurance coverage for property and workers' compensation losses in accordance with the statutory provisions found in A.R.S. Section 41-621 through Section 41-625. Annual risk management charges/premiums are based on prior year risk assessments. Therefore, ADC can not revise the indirect statewide costs to eliminate risk management charges/premiums (insurance) that will continue to be incurred by ADC.

8. Question: Our interpretation of the RFP includes the following requirement:

- Per inmate per day pricing that results in total costs below \$131,075,452 (2007-2008 fiscal year total costs of \$137,375,452 less \$6.3 million in indirect service costs to be retained by the Department)
- An inmate population of approximately 18% more than the 2007-2008 fiscal year (projected 35,843 as of 1/1/11 compared to 30,401.6 in 2007-2008)
- Three years of health care inflation absorbed into the per inmate per day proposed pricing for FY 2011 compared to the 2007-2008 fiscal year costs
- Additional service requirements/costs included in the RFP compared to actual services in 2007-2008, e.g., performance and payment bonding, potential liquidated damages assessed at thresholds below 100% of performance measures, etc.

Please confirm that our interpretation is correct or if not, please clarify. If our interpretation is correct, please address the process for evaluation and contract award in the event all proposals received that are compliant with the RFP requirements exceed the 2007-2008 total costs.

Answer: ADC can not comment on a vendor's interpretation of RFP requirements. Vendors are advised to refer to the RFP in its entirety and all Amendments for clarification of requirements.

Contract award shall be made to the responsible Offeror whose proposal is determined to be the most advantageous to the Department based upon the evaluation criteria in RFP Subsection 1.21.1. Should all proposals exceed the 2007-2008 total costs, the proposals would not comply with the State of Arizona, Laws 2009, Third Special Session, Chapter 6 or with RFP Subsection 2.1.8 and an award could not be made based upon the released RFP.

9. Question: Can you please provide total off-site medical costs differentiated by place of service (i.e., Inpatient/Outpatient/Emergency) and provider for FY 2008 & 2009.

Answer: ADC does not maintain separate cost reporting for vendor services provided on-site and off-site.

Please refer to the following reports which include off-site and on-site medical costs.

FY2008 Health Care Services by Providers Paid Through ADC

FY2009 Health Care Services by Providers Paid Through ADC

FY2008 TPA Claims by Diagnosis Reports

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FY2009 TPA Claims by Diagnosis Reports

LAB Summary Report Fiscal Year 2009

These reports may be found under Data and Reports posted at

http://www.azcorrections.gov/adcd/divisions/adminservices/Request_for_Proposal.aspx

10. **Question:** In the data reports provided, are the counts on the x-ray Summary Report only for onsite x-ray reads? If so are CTs and MRIs performed off site? Can you please provide utilization data for CT/MR/Ultrasound services?

Answer: Yes, the X-Ray Data report is for onsite services only. CTs, MRIs, and Ultrasounds are performed off site. Please refer to Outpatient Data Report for CT/MRI/Ultrasound services. Please refer to the *Outpatient Encounter Data for CY 2008 and CY 2009* report posted under Data and Reports at http://www.azcorrections.gov/adcd/divisions/adminservices/Request_for_Proposal.aspx.

11. **Question:** On page 57 of Amendment 2, radiology costs are cited as \$1,553,710 in FY 2009. Is this the total cost for all radiological services or on-site x-ray costs only?

Answer: This represents the total cost for all off-site radiological services.

12. **Question:** In the data provided, there appears to be no payments for services rendered at Maricopa Medical Center for FY 2009. What is the total cost for services provided at this hospital for FY 2009?

Answer: The *FY2009 TPA Claims by Diagnosis* report provided did not contain payments for services rendered by Maricopa Medical Center. ADC requested revised data from our TPA and has revised the *FY2009 TPA Claims by Diagnosis* report. The revised report is posted under Data and Reports at http://www.azcorrections.gov/adcd/divisions/adminservices/Request_for_Proposal.aspx.

13. **Question:** It is our understanding based on answers to previously posed questions that the vendor will be responsible for archived records, to include responding to outside requests for information in archived medical records. In order to evaluate potential staffing needs please provide the following information:

- a) What is the process currently in place to put a released inmate's medical records in storage?
- b) Where are medical records stored for former inmates?

Answer: A released inmate's medical records are initially stored at the Arizona State Prison Complex records repository for a minimum of 90 days. Medical records are then transferred to the State Library, Archives and Public Records, State Records Management Center located at 1919 W. Jefferson, Phoenix, Arizona. Medical records are retained for a full 6 years from the inmate release date.

- c) Will it be the vendor's responsibility to retrieve old records, regardless of where they are stored?

Answer: Yes. The Medical Services Contractor shall be responsible for all costs related to the retrieval of inmate medical records from all repositories, including those at the Arizona State Prison Complexes and those at the Arizona State Library, Archives and Public Records, State Records Management

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Center.

d) What is the average volume of requests/month for information contained in archived records?

Answer: In 2009, ADC had over 4,000 public medical records requests from government entities, jails, law firms, courts, private prisons, and third-party healthcare providers. The Medical Services Contractor will be responsible for the retrieval, replacement and storage of these records. However, the Medical Services Contractor will not be responsible for the actual processing of public medical records requests.

e) Is the current staffing level for medical records personnel adequate to respond to these requests?

Answer: This question is not relevant to the RFP and should not have any bearing on how an Offeror responds.

f) Is there a backlog of requests for medical record information that the vendor will be responsible for responding to?

Answer: Not as of the date of this response.

14. **Question:** Please identify the number of Correctional Officers (I, II, III, and IV) by facility that perform non-security duties and programmatic duties.

Answer: Please refer to the *ADC Health Services Position* list posted under Data and Reports at available at http://www.azcorrections.gov/adc/divisions/adminservices/data_report_list.aspx

No Correctional Officers I or II are assigned to health services. All Correctional Officer positions that are assigned health services duties are noted as CORRL OFFCR 3 or 4 (III or IV) and are listed by facility on the *ADC Health Services Position* list. Any security duties these positions currently perform as department staff will be provided by the Arizona Department of Corrections; the Contractor will not be responsible for these security duties.

15. **Question:** Please identify the number of Correctional Officers that perform release planning duties for inmates with mental health issues by facility.

Answer: Please refer to the *ADC Health Services Position* list posted under Data and Reports at available at http://www.azcorrections.gov/adc/divisions/adminservices/data_report_list.aspx

All Correctional Officer positions that are assigned mental health services duties are noted as CORRL OFFCR 3 or 4 (III or IV) and are listed in this *ADC Health Services* report. Only one of these positions however, is assigned release planning. The primary duty/responsibility of the Correctional Officer III posted at ASPC-Lewis complex is release planning.

16. **Question:** The professional liability insurance requirements are well above industry norms and while these limits may be available in the market, they are available only at a significant cost. For example, they will add approximately \$2,600,000 to annual contract expense above the cost of a policy with

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industry standard terms and limits of \$1M/\$3M. Of the current similar correctional healthcare contracts that we hold, only one requires limits in excess of \$1M/\$3M and that one has \$2M/\$3M. None of these clients have sovereign immunity. The Contractor would indemnify ADC for such risk caused by its acts or omissions and would be liable to the claimant whether or not fully insured for the loss. In addition, in reviewing existing ADC contracts for health services, we found many current contracts with hospitals and other healthcare providers only require \$1,000,000/ \$2,000,000. Based on this information and to significantly reduce the potential \$2,600,000 in additional annual costs, will ADC:

- Reduce limits to industry norms of \$1M/\$3M or amount significantly lower than the \$10M/\$10M (~\$2,000,000 or additional cost) currently in the RFP for medical services?

Answer: The State's Risk Management has provided answers regarding this question and others requesting to change limits due to alleged industry norms. During the pre proposal conference the State's Risk Management identified that it could not answer questions on hypothetical information and if a vendor had specific confirmation of these costs that a vendor could provide them in the form of a question so they could be reviewed. Due to the length of time this RFP has remained open for solicitation it appears that vendors had the adequate amount of time to obtain these costs and provide them in the form of a question. The requirements within the RFP remain the same as written.

- Eliminate the requirement that there be no exclusions for punitive damages (~\$200,000 of additional costs) or sexual molestation and abuse (not fully insurable as to provider indemnity exposure)? The Contractor would still be liable for such claims.

Answer: The response received by the State's Risk Management identifies that a Contractor (private corporation) would not have any immunity from punitive damages as awarded by a court of law. Any additional cost associated with this exposure is still with the potential contractor and the contractor would indemnify the State for this exposure. Increased costs associated with this exposure are still the contractors. Sexual Molestation and abuse coverage is available in the market at this time. This coverage is a requirement in the RFP and will not be eliminated. Self-insuring this exposure is not acceptable at this time.

- Eliminate the requirement that defense costs be outside the limits? (~\$400,000 of additional cost).

Answer: The State's Risk Management has provided answers regarding this question and others requesting to change limits due to alleged industry norms. During the pre proposal conference the State's Risk Management identified that it could not answer questions on hypothetical information and if a vendor had specific confirmation of these costs that a vendor could provide them in the form of a question so they could be reviewed. Due to the length of time this RFP has remained open for solicitation it appears that vendors had the adequate amount of time to obtain these costs and provide them in the form of a question. The requirements within the RFP remain the same as written.

- Provide summary loss data for each of the last ten years showing number of claims with dates of loss falling in such year and Total Paid and Total Incurred (which includes case reserves) losses for each of such years? Such information could be beneficial to show that lower limits are sufficient and thereby reduce the Contractor's professional liability costs built into its proposal.

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Answer: This information must be requested through a public records request made to the Department of Administration's Risk Management Division.

17. **Question:** Since professional liability insurance is the principal insurance that a health care provider utilizes to cover patient claims, and general liability insurance for health care providers normally excludes all patient (inmate) claims, will ADC eliminate the following redundant or inoperative requirements for general liability insurance?

- Civil rights claims coverage (covered by professional liability);

Answer: The response received from the State's Risk Management indicates that yes, it can be covered by the contractors or their sub contractors under their professional liability coverage Procurement

- Punitive damages coverage (not explicitly covered un GL policy); and

Answer: The response received from the State's Risk Management indicates Punitive Damages Coverage should not be excluded from coverage.

- Sexual molestation and abuse (defense coverage under professional liability and uninsurable/irrelevant under GL policy)

Answer: The response received from the State's Risk Management indicates that it can be covered under the professional liability and there should be no exclusion endorsement for this coverage

18. **Question:** The required property insurance the Contractor must take out on ADC property is redundant, and will add additional annual expense to the contract. The Contractor's general liability insurance would already cover such damage. In many years of operating similar correctional healthcare contracts, we have never had a significant claim for damage to a client's property. In order to purchase such insurance, we would need a schedule of ADC property values by location. Will ADC eliminate this requirement for separate property insurance coverage for ADC's assets? If not, can you please provide a list and value of all property to be insured by the Contractor?

Answer: The response received from the State's Risk Management indicates that yes, this can be eliminated with the understanding that the Contractor will be responsible for this property in its care custody and control.

19. **Question:** The performance and payment bond requirements of 25% of annual contract value remain excessive for a contract of this size and would add approximately \$1,000,000 of annual cost. In our similar correctional healthcare contracts, only six have bonds, and the amount of those bonds range from \$500,000 to \$500,000,000. There are two contracts approximately comparable in size the prospective ADC contract; one has a \$1,000,000 bond and the other a \$500,000 bond. In addition, we are not aware of there ever being a drawing under a bond in a correctional healthcare contract. Will ADC:

- Reduce the performance and payment bonds to a maximum of \$5,000,000?

Answer: The bonding requirements in relation to Section 1.30.1 shall remain as they were amended in

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Amendment No 2 at 25%. These requirements were structured for Arizona under this RFP and its requirements.

- Confirm that the bonds can be annually renewed per Amendment No. 2 versus the "original term of said contract" wording in the bond forms?

Answer: Amendment No. 2 changed the requirements as stated in the original RFP.

- Drop the requirement that bonds remain in place until ADC's liability is less than \$50,000? Because of the nature of medical claims, such a requirement would mean the bonds would likely have to be maintained for many months after contract termination, resulting in significant additional cost. By the terms of the bonds, obliges may draw under surety bonds for a specified period after the bonds have expired (generally two years or more) if the event related to the drawing occurred during the bond term (i.e. they are occurrence based).

Answer: The bonding requirements in relation to Section 1.30.1 shall remain as they were amended in Amendment No 2 at 25%. These requirements were structured for Arizona under this RFP and its requirements.

20. **Question:** Does the state have a hiring freeze on any healthcare positions and if so, what positions and for how long?

Answer: This information is not relevant to the RFP and should not have any bearing on how an Offeror responds.

21. **Question:** Who is responsible for the cost of suicide garments and/or blankets?

Answer: The Mental Health Services Contractor will be responsible for the cost of suicide smocks and blankets.

22. **Question:** We believe there is an opportunity to decrease hospital utilization as well as associated ADC inmate transportation costs (to hospitals, etc.), by increasing infirmary beds and on-site care, with the possible space available at Florence and Tucson. Would ADC agree to increase infirmary beds by a total of 50 beds at these two facilities and the transition of the Lewis assisted living unit to an infirmary?

Answer: ADC is unable to commit to any modifications in special bed capacity at this time.

23. **Question:** Will the ADC allow chronic patients who are able to do activities of daily living (ADLs), such as those who use Continuous Positive Airway Pressure Machines (CPAPs) and oxygen concentrators, wheelchairs etc. to move to general population and allow the current assisted living units to be utilized as infirmaries or extended care units with higher acuity (e.g. IV therapy, medical management, etc.) patients?

Answer: ADC is unable to commit to any population movement of inmates with special medical needs

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or to any modifications in special bed capacity at this time.

24. **Question:** With the closure of the pharmacy in Tucson, would the state modify this space for offices and allow the vendor to base a portion of their regional management team within this space in order for vendor leadership team to be readily accessible to ADC leadership for concerns, questions, and problem resolution? Eliminating office rent and utilities could decrease the overall cost of the contract to the state of Arizona by approximately \$30,000 annually, depending on the amount of space made available.

Answer: Per RFP Subsection 2.5.10, ADC shall not provide any administrative functions or office support for a Contractor.

25. **Question:** Will the state provide office space in either the ADC Central Office in Phoenix or in one or more of the prison complex facilities in and around Phoenix for the Contractor's regional management team in order for the vendor leadership team to be readily accessible to ADC leadership personnel for concerns, questions, and problem resolution? Eliminating office rent and utilities could decrease the overall cost of this contract to the state of Arizona by approximately \$150,000 annually, depending on the amount of space made available.

Answer: Per RFP Subsection 2.5.10, ADC shall not provide any administrative functions or office support for a Contractor.

26. **Question:** How many inmates does the prison system release each year?

Answer: In FY 2009, ADC released a total of 20,776 inmates from Arizona State prison Complexes and contracted private prisons. In FY 2008, ADC released a total of 19,565 inmates from Arizona State prison Complexes and contracted private prisons. In FY 2007, ADC released a total of 18,619 inmates from Arizona State prison Complexes and contracted private prisons.

27. **Question:** What hours and what days of the week are inmate receiving intakes performed (i.e., are inmate receiving intakes routinely performed only Monday through Friday during normal day shift hours)?

Answer: Intake for new commitments and re-commitments occurs Monday through Friday between normal shift hours, but usually between the hours of 7:00 AM and 12:00 PM at the intake centers at ASPC-Phoenix, ASPC-Perryville and ASPC-Tucson.

28. **Question:** Regarding the requirement to purchase existing pharmacy inventory, The Guidance for Industry, Prescription Drug Marketing Act Requirements published by the Drug Information Branch, HFD-210 Center for Drug Evaluation and Research of the Food and Drug Administration provides guidelines for the sale and transfer of prescription medications (with the exception of intra-company transfers). Question 17 (pages 7 and 8) of this document specifically address medication transactions (which may relate to the RFP) and the requirements of pedigree for each medication transferred to a potential contracted pharmacy. The excerpt is as follows: "For transfers other than intra-company

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transfers, unless the transfer of prescription drug product from one pharmacy to another is for a documented medical emergency, or the sale is of minimal quantities of drugs by retail pharmacies to licensed practitioners for office use, retail pharmacies that are not ADRs [*Authorized Distributors of Record*] for the prescription drug products sold or transferred to other retail pharmacies will have to provide a pedigree." The transfer, referenced in the RFP, of the Arizona prescription drug stock to the successful bidding pharmacy would appear to be a transaction that would require notification and transmittal of pedigree documentation for each prescription drug product.

Does the State of Arizona have a mechanism in place to provide prescription drug pedigree as a wholesale transaction? If so, please describe this mechanism. If not, will you consider eliminating this requirement or provide some direction as how we can assume existing pharmacy inventory and still comply with the cited FDA requirement?

Answer: Should such documentation be necessary, ADC will provide prescription drug pedigrees as required by the Food and Drug Administration. ADC will not eliminate the requirement in RFP Subsection 2.5.15

29. **Question:** It is our understanding that correctional officers deliver KOP medications to the inmates. Will this continue if health services are provided by a Contractor? Are there any sites in the state where this does NOT currently occur?

Answer: The Medical Services Contractor will be responsible for the delivery of Keep on Person (KOP) medications in accordance with Health Services Technical Manual, Chapter 5, Section 6.0. The Medical Services Contractor will be required to develop local procedures acceptable to ADC regarding the potential use of ADC correctional security staff to deliver KOP medication.

At this time ADC correctional security staff:

- Deliver KOP medication at ASPC-Safford and ASPC-Winslow.
- Do not deliver KOP medication at the ASPC-Eyman, ASPC-Phoenix, ASPC-Yuma, and ASPC-Winslow.
- Provide delivery of KOP medication at select units at ASPC-Florence, ASPC-Lewis, ASPC-Perryville, and ASPC-Tucson.

30. **Question:** Section 2.12.6.4 on page 65 of the RFP requires the Vendor to provide residential behavioral health programming for offenders with enduring behavior and personality problems.

- Is this section referring to inmates with a mental illness requiring high security needs in a residential setting (SMTU/SMTA)?
- If so, please provide the location and capacities of all SMTUs and SMTAs
- Is this section referring to the BHU at ASPC-Tucson for inmates with close custody needs?
- Please specify all locations/capacities and populations the ADC is referencing in this section.

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Answer: Please see change to Subsection 2.12.6.4 at the beginning of this amendment. The Department has clarified that this requirement is for male inmates only.

Although ADC no longer uses the terms SMTU or SMTA, RFP Subsection 2.12.6.4 does refer to male inmates with close or maximum security needs due to enduring behavior and personality problems. The majority of male inmates in this category are housed at ASPC-Tucson, Rincon BHU, a close custody Residential Behavioral Health Unit with single or double bed cells. Maximum custody male inmates with enduring behavior and personality problems are housed at ASPC-Eyman, SMU I or Browning Unit, maximum custody units, and receive Mental Health Services on an outpatient basis. This is considered day treatment per RFP Subsection 2.12.6.3.

31. **Question:** Will the healthcare vendor staff be required to adhere to ADOC Policy 503.02 DRESS STANDARDS – ALL NON-UNIFORMED PERSONNEL?

Answer: Yes. In addition, Department Order 503.04 DRESS STANDARDS - SPECIALTY UNIFORMED PERSONNEL shall also apply as applicable.

Questions received from Vendor on April 22, 2010

1. **Question:** Section 1.25.5 Commercial General Liability Our experience with correctional programs in several states indicates that an industry standard for commercial general liability coverage is \$1,000,000 per occurrence and \$3,000,000 aggregate. We understand agree with the Department's concern of having the appropriate level of coverage and would recommend a Commercial General Liability requirement of \$2,000,000 per occurrence and \$6,000,000 aggregate. We believe that coverage in excess of these amounts is unnecessary, aside from being costly to the vendor and ultimately to the Department.

Answer: The State's Risk Management has provided answers regarding this question and others requesting to change limits due to alleged industry norms. During the pre proposal conference the State's Risk Management identified that it could not answer questions on hypothetical information and if a vendor had specific confirmation of these costs that a vendor could provide them in the form of a question so they could be reviewed. Due to the length of time this RFP has remained open for solicitation it appears that vendors had the adequate amount of time to obtain these costs and provide them in the form of a question. The requirements within the RFP remain the same as written.

2. **Question:** Section 1.25.10 Network Security (Cyber) and Privacy Policy The RFP requires that Errors and Omissions coverage include levels of \$5,000,000 per occurrence and \$5,000,000 aggregate for Network Security and Privacy Liability. The annual premium cost of adding this coverage to the Commercial General Liability policy of \$10,000,000/\$10,000,000 would be approximately \$80,000. We believe this coverage is costly and unnecessary for the Mental Health program and elimination of this requirement will pose no risk to the Department. Given the above, and since the Mental Health vendor is not required to provide Managed Care Errors and Omissions coverage (RFP Section 1.25.6.12), will the

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ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. JEFFERSON, MAIL CODE 55302
PROCUREMENT SERVICES
PHOENIX, ARIZONA 85007

SOLICITATION NO. 100017DC

AMENDMENT NO. 6

CONTACT: Bernadette Hill

SOLICITATION DUE DATE: May 14, 2010

SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR RFP SOLICITATION.

THIS SOLICITATION IS AMENDED AS FOLLOWS:

department consider waiving the Network Security and Privacy Policy coverage for the Mental Health program, resulting in a savings to the Department of approximately \$80,000?

Answer: This requirement shall remain as written in the RFP.

3. **Question:** The RFP insurance requirements for commercial general liability of \$10,000,000 aggregate with a \$50,000 deductible will result in an annual insurance premium cost of approximately \$1,300,000. This cost will be reflected in the vendor's price to the Department. Reducing this requirement to the recommended level of \$2,000,000/\$6,000,000 would not pose and risk to the Department and would result in a cost savings of approximately \$800,000. Will the Department consider reducing the commercial general liability requirement to a coverage level of \$2,000,000/ \$600,000,000?

Answer: The State's Risk Management has provided answers regarding this question and others requesting to change limits due to alleged industry norms. During the pre proposal conference the State's Risk Management identified that it could not answer questions on hypothetical information and if a vendor had specific confirmation of these costs that a vendor could provide them in the form of a question so they could be reviewed. Due to the length of time this RFP has remained open for solicitation it appears that vendors had the adequate amount of time to obtain these costs and provide them in the form of a question. The requirements within the RFP remain the same as written.

4. **Question:** Will the Department allow the use of an Umbrella insurance policy to supplement coverage to the levels required in the RFP for Commercial General Liability and Professional Liability?

Answer: The response received from the State's Risk Management indicates that yes, this is already in the insurance requirements that this would be acceptable.

5. **Question:** For the 2007-2008 baseline total cost amount of \$137 million, how much of that was attributed to Mental Health?

Answer: The actual fiscal year 2007-2008 cost to the State of Arizona for correctional health services of \$137,375,452 included personal services and employee related expenditures in excess of \$55 million; professional and outside services of \$22 million (i.e. contracted medical services and fill-in nursing); and other operating of \$60 million, which included malpractice insurance; State Prison Health Services telecommunications and utilities; pharmaceuticals, medical records storage; public records; and food/medical diets.

For information regarding costs associated with Mental Health Services, please refer to *Healthcare Cost Statistics* posted at

http://www.azcorrections.gov/adc/reports/Zoya_healthstats.aspx

Additional information may also be obtained from the following reports posted under Data and Reports at

http://www.azcorrections.gov/adc/divisions/adminservices/Request_for_Proposal.aspx.

ADC Health Services Positions

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SOLICITATION DUE DATE: May 14, 2010

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THIS SOLICITATION IS AMENDED AS FOLLOWS:

Mental Health Drugs & Medicine Expenditures FY2007-FY2008

Mental Health Drugs & Medicine Expenditures FY2008-FY2009

Mental Health Drugs & Medicine Expenditures FY2009-FY2010

*Arizona Department of Corrections Pharmacy Expense Reporting FY2007 through FY2009 Filled
Prescription Summary*

Active Prescription Totals 7-01-07 through 6-30-09

Medical (M) and Mental Health (MH) Score Inmate Distribution by Complex

6. **Question:** Will separate bonds be required for the Performance Bond and Payment Bond at the revised Amendment 2 levels, or can these be combined into one bond? If these can be combined into one bond, what would be the amount required for the combined bond?

Answer: The Payment and Performance bonds are separate bonds and must be submitted separately.

7. **Question:** DOC forms 302 and 303 are referenced in the RFP as required for submitting the Performance and Payment bonds. Please provide a copy of these forms or provide direction for finding these forms.

Answer: Please refer to Amendment No. 4 which added these forms into the solicitation.

Questions received from Vendor on April 22, 2010

1. **Question:** Are any members of the current DOC health services workforce currently represented by any labor union(s)? If so, please identify what unions represent any members of the current DOC health services workforce and/or employees? Also please identify what percentages of employees are represented by any labor union(s)?

Answer ADC does not have labor unions in the same terms that a private sector employer does. ADC does have Qualifying Employee Organizations. ADC must comply with Executive Order 2008-13, "Establishing a Meet and Confer Process in the Department of Corrections," found at http://azgovernor.gov/dms/upload/EO_2008_13_SDOC9467.pdf.

ADC does not maintain lists of employees for any of its employee organizations.

2. **Question:** Are any DOC health services employees currently represented by any Qualifying Employee Organization(s) ("QEO")? If so, please identify what QEO(s) represent any current DOC health Service employees? Also, please identify what percentages of employees are represented by any QEO(s)?

Answer: Yes. The following QEO(s) represent health services employees: American Federation of State, County and Municipal Employees; Arizona Conference of Police and Sheriffs; Arizona Corrections Peace Officers Association; Arizona Corrections Association; Fraternal Order of Police; and

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Fraternal Order of Police Labor Services. ADC does not maintain statistics on what percentages of employees are represented by QEO(s).

3. **Question:** If any members of the current DOC health services workforce are represented by any labor union(s) or QEO(s) as noted in response to question 2 and/or 3 above, will the successful bidder be required to recognize the existing union(s)/QEO(s) as the employees' representative?

Answer: ADC is not aware of a requirement for the successful bidder to recognize existing QEO(s). The successful bidder will have to comply with state requirements for contractors. Therefore, any bidder for this contract should obtain an answer to this question via their legal counsel.

4. **Question:** Are the DOC health services employees currently participants in the State of Arizona retirement fund? If yes, and a private enterprise is awarded the contract under the RFP, to the extent current DOC employees are employed by the successful bidder, will the existing DOC employees be allowed to continue to participate in the State of Arizona retirement fund or will they be considered to have retired?

Answer: Yes, current employees are participants in either Arizona State Retirement System or the Correctional Officer Retirement Plan. A Contractor's employees will not contribute to either of the retirement plans. If a contractor has questions about retirement plans, they may refer to the respective retirement plan. Contact information for each retirement plan is below.

ARIZONA STATE RETIREMENT SYSTEM (ASRS)
3300 North Central Ave. 13th Floor
Phoenix, AZ 85012
Phoenix: (602) 240-2000
Tucson: (520) 628-5107
Outside Metro Phoenix & Tucson: (800) 621-3778
TDFD (Hearing Impaired): (602) 240-5333 Website: www.azasrs.gov

CORRECTIONS OFFICERS RETIREMENT PLAN (CORP)
3010 E. Camelback Road #200
Phoenix, AZ 85016
In Phoenix: (602) 255-5575 Website: www.psprs.com

5. **Question:** To the extent any current DOC health service employees are represented by a labor union and/or QEO, please list those employees by position, category and/or job title/description.

Answer: ADC does not maintain a list of these employees.

6. **Question:** Are there any known claims and/or charges by existing ADC health services employees where there may be successor liability for successful bidder under this contract?

Answer: There are no known claims or charges relating to this question.

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7. **Question:** Please provide the number by complex of golf carts and/or vehicles assigned to the health care units for transportation of staff. Please provide the condition of these vehicles.

Answer: The following golf carts are considered equipment subject to the requirements and conditions established in RFP Subsection 2.5.14.

Arizona State Prison Complex (ASPC)	GOLF CARTS	
	GOOD/FAIR	FAIR/POOR
DOUGLAS	3	—
EYMAN	3	—
FLORENCE	—	—
LEWIS	—	10
PERRYVILLE	—	6
PHOENIX	—	—
SAFFORD	—	1
SAFFORD, FT GRANT UNIT	—	1
TUCSON	—	9
WINSLOW	2	—
WINSLOW, APACHE UNIT	1	—
YUMA	—	—

Questions received from Vendor on April 22, 2010

1. **Question:** RFP Section 1.25.6.3, Professional Liability requires a Contractor whose insurance is written on a claims-made basis to warrant that “any retroactive date under the policy shall precede the effective date of this Contract.” This would make the Contractor responsible for insuring services that occurred prior to the Contractor taking over the ADC health care program. Will the ADC please change this requirement to match the following language in RFP Section 1.25.10, Network Security (Cyber) and Privacy Liability, which requires coverage to coincide with the start of the contract, i.e., change to “The retroactive coverage date shall be no later than the effective date of this contract.”

Answer: The response received from the State’s Risk Management indicates yes. Please see change at the beginning of this amendment

2. **Question:** An April 17, 2010 article in the *Arizona Republic* (“Arizona could shift prison and court costs to counties if sales tax vote fails”) states that if Proposition 100 (proposed 1-cent-per-dollar sales tax

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hike) fails, the contingency budget plan developed by lawmakers to manage the State deficit requires the Department of Corrections to transfer about 13,000 prisoners to county jails. Since the contract resulting from RFP#100017DC is based on a per-day-per-inmate pricing model, such a large drop in ADC population would significantly decrease the Contractor's revenue, while many of the Contractor's fixed costs (e.g., contractually required staffing) would remain at the same level as for the original population. Please confirm that if Proposition 100 fails, and the State implements its contingency budget plan to move the 13,000 inmates to county facilities, the State would permit the Contractor to renegotiate staffing levels and other contract terms and requirements impacted by this significant change to the scope of work.

Answer: Yes, should an unforeseen significant change in the scope occur, the Department would consider renegotiating the specific areas within the contract that would be affected.

In the event of a significant change to inmate population housed at the Arizona State Prison Complexes resulting from legislative action affecting Fiscal Year 2011, ADC would allow a Contractor to modify the written proposed staffing pattern, submitted per RFP Subsection 2.15.4.1; however, a revised staffing pattern would still be required to demonstrate how the Contractor would adhere to or exceed all applicable standards of care at all Arizona State Prison Complexes and all Health Services Units. In addition, other changes to the scope of the Contract may be considered by ADC, if warranted and appropriate. Any changes to a Contract resulting from this RFP would be made through a Contract Amendment within the scope of the Contract under the authority of the Procurement Officer who signed the Contract.

3. **Question:** Please clarify in which (if any) of the following data files provided by the ADC the claims paid amounts are based on reimbursement at AHCCCS rates.
- a. FY2008 Health Care Services by Provider Paid Through ADC
 - b. FY2009 Health Care Services by Provided Paid Through ADC
 - c. FY2008 TPA Claims by Diagnosis Reports
 - d. FY2009 TPA Claims by Diagnosis Reports

Answer: The paid amounts are not AHCCCS rates required under State of Arizona, Laws 2009, Third Special Session, Chapter 6, Section 17 (FY 2010 Criminal Justice Reconciliation Bill). However, a few rates negotiated with non-contracted providers were at or near AHCCCS rate levels.

4. **Question:** On the site tours, the ADC indicated that the job responsibilities of the Correctional Officer 3 (CO3) and Correctional Officer 4 (CO4) positions at the Alhambra facility consisted of 50% security functions and 50% clinical/health services functions. Please confirm that under the contract resulting from RFP#100017DC, the Contractor will not be required to have any responsibility for security-related tasks or functions, and that the security portion of the CO3 and CO4 scope of responsibility will remain with ADC custody personnel.

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Answer: Under the contract resulting from RFP#100017DC, the Contractor will not be required to have any responsibility for security-related tasks or functions, including security duties currently performed by ADC Mental Health COIII and COIV positions. The Arizona Department of Corrections will provide security per Department policy and will be responsible for the cost of the Department Correctional Officers used for security purposes.

5. **Question:** With regard to Keep-On-Person medications, please confirm that current distribution practices are acceptable to the ADC and will continue under any contract resulting from RFP#100017DC.

Answer: See response to Question 29 received from vendor on April 22, 2010.

Questions received from Vendor on April 23, 2010

1. **Question:** Please clarify where medical records are archived following an inmate's release.

Answer: A released inmate's medical records are initially stored at an Arizona State Prison Complex repository for a minimum of 90 days. Medical records are then transferred to the State Library, Archives and Public Records, State Records Management Center located at 1919 W. Jefferson, Phoenix, Arizona. Medical records are retained for a full 6 years from the inmate release date.

2. **Question:** How is it determined which medical record goes to which archive facility?

Answer: A released inmate's medical records are initially stored, for a minimum of 90 days, at the medical records repository located in the Arizona State Prison Complex from which the inmate is released. Medical records are then transferred to the State Library, Archives and Public Records, State Records Management Center located at 1919 W. Jefferson, Phoenix, Arizona. Medical records are retained for a full 6 years from the inmate release date.

3. **Question:** Is there currently office/work space for the medical vendor to place permanent staff within these archive facilities to perform filing and retrieval functions?

Answer: Yes, there is dedicated medical records space and equipment in each Arizona State Prison Complex that will be made available to the Medical Services Contractor.

4. **Question:** Will the DOC provide the copier and fax machine that will be used for records retrieval at the archive facilities or is this an expectation of the vendor?

Answer: Medical records equipment shall be made available to the Medical Services Contractor per RFP Subsection 2.15.14.

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SOLICITATION NO. 100017DC AMENDMENT NO. 6 CONTACT: Bernadette Hill

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THIS SOLICITATION IS AMENDED AS FOLLOWS:

5. **Question:** Will the state consider reserving the current pharmacy rooms that will be closed at each facility for the medical vendor's use in delivering healthcare services?

Answer: ADC is unable to commit to any space modifications or redesignation at this time.

Questions received from Vendor on April 23, 2010

1. **Question:** Please provide a copy of medication formulary currently used.

Answer: Please refer to the *Arizona Department of Corrections Formulary Generic Listing (2-25-2009)* posted under Data and Reports at http://www.azcorrections.gov/adcd/divisions/adminservices/Request_for_Proposal.aspx

2. **Question:** Does the ADOC currently have a KOP Medication Program?

Answer: For current ADC policy regarding Keep On Person Medications, please refer to the Health Services Technical Manual, Chapter 5, Section 6.0 under Critical Reference Material posted at <http://www.azcorrections.gov/healthservicesrfp.html>

3. **Question:** Does the ADOC own the current med carts? Who will retain ownership of any new carts provided to facility?

Answer: Yes. Healthcare equipment shall be made available to the Medical Services Contractor per RFP Subsection 2.15.14.

4. **Question:** Is it acceptable to submit difference pricing options for bulk stock versus repackaged stock?

Answer: An Offeror's breakdown of relative daily costs included in the capitation rate, per the Fee Schedule, is solely determined by the Offeror.

5. **Question:** Are all facilities accredited by the NCCHC or ACA

Answer: No Arizona State Prison Complex is accredited by ACA. ASPC-Douglas, ASPC-Florence, ASPC-Lewis, ASPC-Perryville, ASPC-Phoenix, ASPC-Safford, ASPC-Tucson, ASPC-Winslow, and ASPC-Yuma are accredited by NCCHC. ASPC-Eyman is not accredited by NCCHC.

6. **Question:** Can the ADOC provide annual fiscal data related specifically to pharmacy including medications, rebates, labor, shipping/delivery and overhead?

Answer: For fiscal data specific to Pharmacy Services, refer to answers to Questions 18 and 19 received from Vendor on April 19, 2010. For labor information, see the *ADC Health Services Positions* report posted under Data and Reports at

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AMENDMENT NO. 6

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http://www.azcorrections.gov/adcd/divisions/adminservices/Request_for_Proposal.aspx.

Also available are *Healthcare Cost Statistics* which identify what portion of the FY 2009 Cost Per Inmate (CPI) are related to pharmacy expenditure. The statistics are posted at

http://www.azcorrections.gov/adcd/reports/Zoya_healthstats.aspx

7. **Question:** We have included a list of items necessary to total the actual pharmacy operation costs. Will the ADOC complete the attached form?

Answer: ADC is unable to complete the following form submitted by the vendor. For information related to staffing and costs please refer to the reports posted under Data and Reports at http://www.azcorrections.gov/adcd/divisions/adminservices/Request_for_Proposal.aspx.

Also please refer to the RFP Subsections 2.5.10 through 2.5.17.

COST STUDY FOR OPERATING AN INHOUSE PHARMACY

♦ Staffing Costs

Pharmacists' Wages

Pharmacists' Healthcare and Liability Insurance

Technicians' and Support Personnel's Wages

Technicians' Healthcare and Liability Insurance

Retirement

♦ Supply Costs

Packaging: Ill Vials, Bottles, Blister Cards

Labels

Medication Administration Records (MARs)

Medication Carts

♦ Computer System

Software Maintenance

Hardware Maintenance

IT Staff Wages

IT Staff Insurance

♦ Medication Cost Information

Monthly Drug Wholesale Bill

Amount of Medication Lost Due to Outdated,
Unused or Excessive Medications Sitting on
Shelves

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THIS SOLICITATION IS AMENDED AS FOLLOWS:

Spillage or Breakage	_____
Payment Term Difference	_____
♦ Insurance	
Insurance Billers' Wages	_____
Insurance Billers' Healthcare and Liability Insurance	_____
Insurance Claim Rejections	_____
MAC/FUL Pricing Reductions	_____
Medicaid Payment Delay	_____
Private Pay Bad Debt	_____
♦ Miscellaneous	
Utilities	_____
Floor Space	_____
Rent	_____
Equipment Maintenance	_____
Cost to Shred Documents	_____
Interest Lost Due to Wholesaler's Rapid Pay Requirements	_____
Having to Use Alternative Sources To Get Medications	_____
If Not In Stock	_____
Other Expenses	_____
TOTAL MONTHLY EXPENDITURES	_____

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8. **Question:** Please provide total pharmacy costs for the last 3 fiscal years. Will you itemize line items in your analysis so the pharmacy vendors can identify costs.

Answer: Please refer to the following reports posted under Data and Reports at http://www.azcorrections.gov/adcd/divisions/adminservices/Request_for_Proposal.aspx.

Health Services Drugs & Medicine Expenditures FY2007-FY2008

Health Services Drugs & Medicine Expenditures FY2008-FY2009

Health Services Drugs & Medicine Expenditures FY 2009-FY2010

Mental Health Drugs & Medicine Expenditures FY2007-FY2008

Mental Health Drugs & Medicine Expenditures FY2008-FY2009

Mental Health Drugs & Medicine Expenditures FY 2009-FY2010

Line item detail of pharmacy costs is not available.

9. **Question:** Are medications currently dispensed in 7, 14, 30 days supply or other?

Answer: Please refer to the Health Services Technical Manual Chapter 4, Section 1.1. posted under Critical Reference Material at <http://www.azcorrections.gov/healthservicesrfp.html>

Medications can be dispensed in a maximum of 28-34 day supply.

10. **Question:** Please identify where current pharmacy is located and process of delivering medications to other facilities.

Answer: Facilities that have onsite pharmacies provide medications to the facilities that do not have pharmacies on site.

- ASPC-Perryville services ASPC-Perryville, ASPC-Winslow, and ASPC-Winslow/ Apache Unit
- ASPC-Phoenix services ASPC-Phoenix and ASPC-Florence Globe Unit
- ASPC-Lewis services ASPC-Lewis and ASPC-Yuma
- ASPC-Tucson services ASPC-Tucson, ASPC-Florence, ASPC-Safford/Ft. Grant, and ASPC-Douglas
- ASPC-Eyman services ASPC-Eyman

The Process of delivering medications to other facilities is as follows:

- ASPC-Perryville sends medication via Fed Ex to ASPC-Winslow, ASPC-Winslow/ Apache Unit

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- ASPC-Phoenix sends medications to ASPC-Florence Globe Unit via an ADC Statewide Transport Officer
- ASPC-Lewis sends medications to ASPC-Yuma via an ADC Statewide Transport Officer
- ASPC-Tucson sends medications to ASPC-Florence, ASPC-Safford/Ft. Grant, and ASPC-Douglas via an ADC Statewide Transport Officer

11. **Question:** Will any of the current pharmacists be retained by the ADOC in a contract monitory style position?

Answer: Contract Monitoring staff designation, monitoring tools and procedures will be developed once Contract(s) have been awarded and will be dependent upon the structure of the outcome.

12. **Question:** Will the ADOC require pharmacy vendor to provide pharmacy staffing at any of the locations? If so, please identify.

Answer: Please refer to RFP Subsections 2.3.6; 2.5.3; 2.11.2; 2.11.12; and 2.11.18.

13. **Question:** Please provide statistical reports including inmate counts and prescription counts by month for previous 3 years.

Answer: For inmate population data, please refer to the ADC Daily Count sheets posted on the ADC website at http://www.azcorrections.gov/Minh_count_sheet.asp and the ADC Corrections at a Glance monthly report posted at

http://www.azcorrections.gov/adf/reports/Zoya_reports1.aspx.

For prescription counts by month for the last 3 years, please refer to the *Active Prescription Totals 07-01-07 through 06-30-09* report posted under Data and Reports at

http://www.azcorrections.gov/adf/divisions/adminservices/Request_for_Proposal.aspx.

14. **Question:** Will the ADOC consider a medication acquisition cost plus a dispensing fee for pharmacy services as opposed to a capitated rate? There is too much risk with a capitated bid since the pharmacy does not employ the prescribers.

Answer: No, the ADC will not consider this option. Per RFP Section 2.19., a resultant Contract from this request for proposal shall be full risk to the awarded Contractor based on a fixed per day per inmate capitation rate to be invoiced and paid monthly, which can not exceed the FY 2007-2008 total cost. An Offeror's breakdown of relative daily costs included in the capitation rate, per the Fee Schedule, is solely determined by the Offeror.

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THIS SOLICITATION IS AMENDED AS FOLLOWS:

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ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

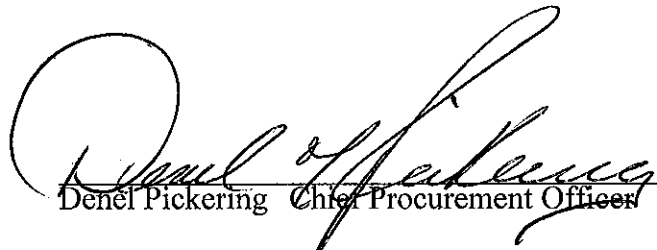
Vendor hereby acknowledges receipt and understanding of above amendment.

The above referenced Solicitation Amendment is hereby executed this 5th day of May, 2010 at Phoenix, Arizona.

Signature _____ Date _____

Typed Name and Title _____

Name of Company _____


Denel Pickering Chief Procurement Officer

ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. Jefferson, MC. 55302
PHOENIX, ARIZONA 85007

Attachment No. 4

PRE-PROPOSAL ATTENDANCE REPORT
SOLICITATION NO. 100017DC

4-7-10

DESCRIPTION: Privatization of All Correctional Health Services

DIVISION: Health Services

Page 1 of 16

Company Name: MHM Services, Inc.
Contact Person: Bob May
Address: 1593 Spring Hill Rd #600
City/State/Zip: Vienna, VA 22182
Phone Number: (404) 431-8833
Fax Number: (703) 749-4604

Company Name: MHM Services
Contact Person: Rock Wells
Address: 1593 Spring Hill Rd #600
City/State/Zip: Vienna, VA 22182
Phone Number: 703 245-9048
Fax Number: 703 749-4604

Company Name: MHM Services, Inc.
Contact Person: Steve Timmons
Address: 1593 Spring Hill Rd #600
City/State/Zip: Vienna, VA 22182
Phone Number: 832-633-0638
Fax Number: _____

Company Name: Favorite Healthcare Staffing
Contact Person: Amy Ehl
Address: 2921 E. Ft Lowell #107
City/State/Zip: Tucson, AZ 85714
Phone Number: 520 319-5766
Fax Number: 520 319-5745

Company Name: MHM Services, Inc.
Contact Person: John Wilson
Address: 1593 Spring Hill Rd #600
City/State/Zip: Vienna VA 22182
Phone Number: 540-449-1627
Fax Number: _____

Company Name: KRIS ROWEN
Contact Person: DOA RISK MGMT
Address: 100 N. 15th AVE
City/State/Zip: PHX AZ 85007
Phone Number: 602-542-1445
Fax Number: 602-542-1800

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Company Name: Sharon Stegmuller

Contact Person: Aetha

Address: 7720 N. 16th St. Ste 400

City/State/Zip: PHX, AZ 85020

Phone Number: 602-427-2292

Fax Number: 860-754-9104

Company Name: Carol Bawlin

Contact Person: Aetha

Address: 151 Farmington Ave

City/State/Zip: Hartford CT 06156

Phone Number: 860-273-2998

Fax Number: 860-273-8382

Company Name: Aetna

Contact Person: Matt McCormick

Address: 2625 SHADLANDS DRIVE

City/State/Zip: WALNUT CREEK CA 94598

Phone Number: 925-948-4262

Fax Number: 860-907-4309

Company Name: Imma to Health Services

Contact Person: Charles Zimaty

Address: Suite 225 1919 OXWOOD RD

City/State/Zip: B'ham AL 35209

Phone Number: 205-221-6002

Fax Number: 205-979-9854

Company Name: ADC

Contact Person: Carol Pearson

Address: 1601 W. Jefferson

City/State/Zip: PHX AZ 85007

Phone Number: 602-364-2941

Fax Number: 602-364-2958

Company Name: ADC

Contact Person: Andrew Barker

Address: 1601 W Jefferson

City/State/Zip: PHX, AZ 85007

Phone Number: 602-364-2952

Fax Number: 602-364-2958

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Company Name: CMS
Contact Person: Vickie Bybee
Address: 12647 Olive Blvd
City/State/Zip: ST. LOUIS, MO
Phone Number: 314-919-8500
Fax Number: 314-919-8908

Company Name: Correctional Medical Services
Contact Person: DeSoy Kester, PhD
Address: 12647 Olive Blvd
City/State/Zip: ST. LOUIS, MO 63141
Phone Number: 314 919 9169
Fax Number: 314 919 8711

Company Name: CMS
Contact Person: Kerri Bice
Address: 12647 Olive Blvd
City/State/Zip: St Louis, MO
Phone Number: (314) 691-2087
Fax Number: (314) 919-8908

Company Name: CARE 2 U
Contact Person: Tom Sweeney
Address: 2901 W Indian School
City/State/Zip: Phx AZ 85017
Phone Number: 602 799. 4499
Fax Number: _____

Company Name: CMS
Contact Person: JACK DAVIDSON, MD
Address: 12647 OLIVE BLVD.
City/State/Zip: ST. LOUIS, MO
Phone Number: 314-919-9552
Fax Number: 314-919-8908

Company Name: CARE 2 U
Contact Person: GENA ZISCHKE
Address: 2901 W Indian School Rd
City/State/Zip: Phx AZ 85017
Phone Number: 602 799. 4499
Fax Number: _____

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Company Name: <u>Mayor Correctional Planning Service</u>	Company Name: <u>Garcia, Lalo (WBE)</u>
Contact Person: <u>HAROLD NICHOLS</u>	Contact Person: <u>Gary McWilliams</u>
Address: <u>416 Maryh. Polk Drive Suite 515</u>	Address: <u>P.O. Box #6</u>
City/State/Zip: <u>Franklin, TN. 37067</u>	City/State/Zip: <u>Augusta, Mo. 63332</u>
Phone Number: <u>615-771-1478</u>	Phone Number: <u>314-616-1336</u>
Fax Number: <u>615-771-4568</u>	Fax Number: <u>616-228-4646</u>
	636
Company Name: <u>PHS</u>	Company Name: <u>PHS</u>
Contact Person: <u>Linda Janner</u>	Contact Person: <u>DG Anderson</u>
Address: <u>2455 Starlight Dr</u>	Address: <u>105 W Park Drive</u>
City/State/Zip: <u>Napa, CA, 94558</u>	City/State/Zip: <u>Riverside, TN</u>
Phone Number: <u>928-277-2758</u>	Phone Number: <u>615-594-0042</u>
Fax Number: <u></u>	Fax Number: <u>615-326-1370</u>
Company Name: <u>SPDS/PHS</u>	Company Name: <u>JR. Forensic & Clinical Psychology Services, PLLC</u>
Contact Person: <u>Dr. William Smallwood</u>	Contact Person: <u>Julio A. Ramirez, Ph.D.</u>
Address: <u>44031 Pipeline Pkwy</u>	Address: <u>2331 E. Coburn Rd.</u>
City/State/Zip: <u>ASTORIA, VA 20147</u>	City/State/Zip: <u>Phoenix, AZ 85016</u>
Phone Number: <u>703-729-9464</u>	Phone Number: <u>(602) 667-7650</u>
Fax Number: <u>703-729-1227</u>	Fax Number: <u>(602) 667-7651</u>

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Company Name: Correctional Health Partners
Contact Person: Jeff Archambault
Address: 1515 Arapaho Street Bld 1 suite 300
City/State/Zip: Denver Colo 80202
Phone Number: 303-605-1600
Fax Number: 303-605-1553

Company Name: ADC
Contact Person: Kay Wingate
Address: 1601 W. Jefferson
City/State/Zip: Phx AZ 85007
Phone Number: 602 542-3534
Fax Number: 602 364-2958

Company Name: Westford Health Sources
Contact Person: Wendy Petrach
Address: 425 Holiday Drive
City/State/Zip: Pittsburgh, PA 15220
Phone Number: 412-937-5216
Fax Number: 412-937-8599

Company Name: ADC
Contact Person: SHAKA OKONGBO
Address: 1601 W. JEFFERSON NYC 320
City/State/Zip: PHOENIX, AZ 85007
Phone Number: (602) 542-3490
Fax Number: (602) 364-0550

Company Name: Pacific Mobile Diagnostics
Contact Person: Cynthia Canaert
Address: 4620 E. Elwood St. #12
City/State/Zip: Phoenix, AZ 85040
Phone Number: 602. 249. 4790
Fax Number: 602-241-1711

Company Name: OSPB
Contact Person: Kris Okazaki
Address: 1700 W Washington 500
City/State/Zip: Phoenix, AZ 85007
Phone Number: 602 542-7197
Fax Number: _____

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Company Name: CMS
Contact Person: Ralf Salke
Address: 3702 W Truman Blvd
City/State/Zip: Jefferson City MO
Phone Number: 573-635-5237
Fax Number: 573-635-5512

Company Name: ADC
Contact Person: Michael Adu-Tutu
Address: 1601 W. Jefferson St
City/State/Zip: Phoenix, AZ 85007
Phone Number: 602-364-2902
Fax Number: 602-364-2958

Company Name: CMS
Contact Person: FRANK FLETCHER
Address: 12647 OLIVE BLVD.
City/State/Zip: ST. LOUIS MO 63141
Phone Number: 314-919-9108
Fax Number: 314-919-8908

Company Name: ADC
Contact Person: James Clenney
Address: 1601 W. Jefferson St
City/State/Zip: Phoenix AZ 85007
Phone Number: 602-364-2900
Fax Number: 602-364-2958

Company Name: CMS
Contact Person: John Dellos
Address: 3737 N. Meridian
City/State/Zip: Indianapolis IN 46208
Phone Number: 317-925-9540
Fax Number: 317-925-9594

Company Name: ADC
Contact Person: MICHAEL KEARNS
Address: 1601 W. Jefferson
City/State/Zip: _____
Phone Number: 602-542-1160
Fax Number: _____

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Company Name: MDI/HealthNet
Contact Person: A. Peterson
Address: 904 Wade Rd
City/State/Zip: Ponte Vedra, FL 32081
Phone Number: 904-473-1200
Fax Number:

Company Name: ADC
Contact Person: Karen Ingram
Address: 1645 W Jefferson
City/State/Zip: Phoenix, AZ 85007
Phone Number: 602-364-3791
Fax Number:

Company Name: Physicians Network Association
Contact Person: Ted Jolley
Address: 1622 Mac Davis Ln
City/State/Zip: Lubbock, Texas 79401
Phone Number: 520-248-3076
Fax Number:

Company Name: ADC
Contact Person: Denel Pickering
Address: 1645 W Jefferson
City/State/Zip: PHX AZ 85007
Phone Number: 602 364-3786
Fax Number: 602 364-3780

Company Name: PHS
Contact Person: LAWRENCE POMEROY
Address: 105 WEST PARK - SUITE 200
City/State/Zip: Brentwood, TN 37027
Phone Number: 615.376.1377
Fax Number:

Company Name: PHS
Contact Person: Miles Kramer
Address: 105 West park suite 200
City/State/Zip: Brentwood, TN 37027
Phone Number: 615-376-1377
Fax Number:

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Company Name: ADC
Contact Person: ERICA BOEHLE
Address: 6036 N. 24th Ave. #408
City/State/Zip: PHX AZ 85021
Phone Number: 602 424 4450
Fax Number: 602 424 4451

Company Name: AMDX
Contact Person: ERICA BOEHLE
Address: 6036 N. 19th Ave #408
City/State/Zip: Phoenix, AZ 85015
Phone Number: 602. 424. 4450
Fax Number: 602. 424. 4451

Company Name: ADC
Contact Person: ERICA BOEHLE / RYAN HENNER
Address: 6036 N 19th Ave #408
City/State/Zip: PHX AZ 85015
Phone Number: 602. 424. 4450
Fax Number: 602 424 4451

Company Name: DIAMOND PHARMACY SERVICES
Contact Person: MARIL ZILNER
Address: 645 KOLTER DRIVE
City/State/Zip: INDIANA, PA, 15701
Phone Number: 800-882-6337x1003
Fax Number: 877-234-7050

Company Name: Star Nursing
Contact Person: Tammie Newell
Address: 5255 Stevens Creek Blvd #55
City/State/Zip: Santa Clara CA 95051
Phone Number: 877-687-7399
Fax Number: 877-687-7400

Company Name: ADC
Contact Person: Carole Whitlock
Address: 1601 W. Jefferson
City/State/Zip: Phx, AZ 85007
Phone Number: 602-364-2943
Fax Number: 602-364-2958

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Company Name: Sacred Heart Nursing Services Inc
Contact Person: Andrea Dabuzaling
Address: 3418 E. Indian School Rd
City/State/Zip: Phx AZ 85018
Phone Number: 602 277-8721
Fax Number: 602 224-1357

Company Name: Sacred Heart Nursing
Contact Person: Henny E. Panaligan
Address: 3418 E. Indian School Rd
City/State/Zip: Phx AZ 85018
Phone Number: 602-277-8721
Fax Number: 602-224-1357

Company Name: Diamond Pharmacy
Contact Person: Walt McCulloch
Address: 645 Koller Dr
City/State/Zip: Indiana PA 15701
Phone Number: 724 840 2777
Fax Number: 724 -349 -4261

Company Name: John Laites
Contact Person: Rep DNA
Address: ~~201 N. Central~~
City/State/Zip: Phx
Phone Number: 254-9900
Fax Number: 254 - 8670

Company Name: PHS
Contact Person: Flora Pappas
Address: 3150 S. 48th St #285
City/State/Zip: Phoenix, AZ. 85040
Phone Number: 480-455-1911
Fax Number: 480-455-1917

Company Name: JLBC
Contact Person: Martin Lorenzo
Address: 1716 W Adams
City/State/Zip: Phoenix, AZ 85007
Phone Number: 602-926-5471
Fax Number: _____

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Company Name: Maxim Healthcare Services
Contact Person: Kevin Castro
Address: 2301 W. Dunlap Ave suite 109
City/State/Zip: Phoenix, AZ 85021
Phone Number: 602 439 7244
Fax Number: 866 941 7396

Company Name: Phoenix Institute of Herbal Med & Acup.
Contact Person: Alan Goodyke
Address: 301 E. Bethany Home Rd. #A100
City/State/Zip: Phoenix, AZ 85012
Phone Number: 602-274-1885
Fax Number: 602-274-1895

Company Name: NurseCare
Contact Person: Wendy Porter
Address: 7000 N. 16th Street
City/State/Zip: Phoenix, AZ 85020
Phone Number: 602 274-3400
Fax Number: 602-234-0577

Company Name: ADC
Contact Person: Bernadette Hill
Address: 1601 W. Jefferson
City/State/Zip: Phoenix, AZ 85007
Phone Number: 602-542-1172
Fax Number: 602-364-3790

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____